DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO

2601 BLAIR STONE ROAD • TALLAHASSEE FL 32399-1022

OUT OF STATE CIGARETTE MANUFACTURER'S DETAIL REPORT

Permit Name _____ of _____ Permit No. _____

For the Month of _____ Yr _____ Reporting Period _____ through _____

SALES TO FLORIDA DISTRIBUTORS

				NUMBER OF PACKS		
Florida Distributor Permit No.	**Name and Address**	**Invoice Number**	**Date**	**10's**	**20's**	**25's**
Transaction Totals (*Transfer totals to page 1, line 1)*						